

Tennessee Health Link

Revised Engagement Evaluation Process and Medical Necessity Overview



Speakers

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Health Care
Innovation Initiative

Updates

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Health Link Modifier Examples

This table provides information for Health Link providers regarding definitions and acceptable uses of Health Link billing modifiers.

UA - Member	UC – Face to Face
<ul style="list-style-type: none">• Member Contact Only	<ul style="list-style-type: none">• Face to Face Contact Only (includes telehealth)
UB - Collateral	UD - Indirect
<ul style="list-style-type: none">• Provider to Provider• Individuals with a Valid Release of Information on File for the Member	<ul style="list-style-type: none">• Telephone Call Only¹

**Effective
June 1, 2017**

¹The telephone call must be to either the member or a collateral contact and must be associated with one of the six Health Link activities: comprehensive care management, care coordination, health promotion, transitional care, patient and family support or referral to social supports. The call must also be interactive in that the Health Link must be able to successfully reach the member or collateral contact. Voicemails are not considered interactive.

- **For collateral contact:** Providers cannot count/bill staffing a member's case in treatment team as a collateral contact.
- **For provider to provider collateral contact:** The intent is for the provider contacted to be outside of the Health Link organization.
- **For indirect contact:** Text messages to enrolled members are not a billable encounter.

THL Engagement Evaluation Overview

- MCOs will be conducting quarterly record reviews with each THL provider
- The purpose of the reviews is to ensure members receiving THL services continue to meet the medical necessity criteria and are benefiting from the services
- The record reviews will assess effort, as well as outcome.
- A clear indication that the provider has identified needs, incorporated them into the individualized plan and is actively attempting to address those needs would be considered in assessing whether the enrollee is benefiting from the Health Link program

THL Engagement Evaluation Overview

- Member records will be selected for reviews based on a set of selection criteria.
- A minimum of 10 records will be randomly selected for review based on the selection criteria
- In addition, a separate quality check will be conducted on a quarterly basis that includes random selection of a minimum of 5 records to be reviewed
- Additional files could be requested if results show potential patterns of concern with services being rendered

THL Engagement Evaluation Overview

- The overall goals of the evaluation process:
 - Collaborate with the THLs in looking for opportunities to improve the services, outreach, coordination, and record documentation
 - Collaborate with the THLs to identify when members are ready for discharge from the program, as appropriate

THL Engagement Evaluation: Case Selection Process

- MCO conducts internal reviews of member level data
- The points of claim data that will trigger a member review include:
 - 3 consecutive months of encounter data without a care coordination face-to-face contact
 - 3 consecutive months without a non-CC claim for service (e.g., no claims for any OP services)
 - More than 2 ED visits in 3 consecutive month
- MCO will send listing of members for review prior to the scheduled evaluation visit date
- MCO to perform engagement evaluation for identified members using **THL Engagement Evaluation Chart Review Tool**

THL Engagement Evaluation: Revised Chart Review Tool

Behavioral Network Services						
Tennessee Health Link Clinical Audit Tool						
Provider ID:						
Reviewer Name:						
Member Record ID:						
Member DOB:						
DSM5 diagnoses:						
Reason for MCO Review:						
Date of Review:						
Enrollment Criteria				Y	N	N/A
1	The reasons for initiation of THL service is clearly documented and identified by a licensed clinician					
Comments:						
2	There is evidence of the member's consent to participate in the THL (or evidence of not opting out).					
Comments:						
3	There is clear evidence of functional need, based upon the DLA or other equivalent tool.					
Comments:						
4	For children with DCS involvement, the record supports THL eligibility by verification the child meets DCS Level 1 or 2 status (THL eligibility is suspended for levels 3, 4, and 4+)*.					
Comments:						
5	If the member was enrolled with another THL in the previous 12 months, documentation in the record demonstrates that collaboration and coordination between the THLs occurred.					
Comments:						

THL Engagement Evaluation: Revised Chart Review Tool

Person-Centered Care Plan				
	6	There is evidence of a completed comprehensive person-centered care plan within 30 days of THL enrollment. Care Plan must be signed by Coordinator, Licensed Supervisor and Member/Guardian.		
Comments:				
	7	The person-centered care plan is individualized with specific measureable goals that address behavioral health treatment and care coordination needs.		
Comments:				
	8	The record includes documentation/identification of family members, friends, other service providers, or others instrumental in planning and/or implementing a comprehensive person-centered care plan.		
Comments:				
	9	The record documentation demonstrates collaborative efforts, including but not limited to, seeking input from the member's social supports, and his/her primary and specialty care providers to incorporate into the comprehensive person-centered care plan, as appropriate per assessment.		
Comments:				

THL Engagement Evaluation: Revised Chart Review Tool

Behavioral Network Services					
Tennessee Health Link Clinical Audit Tool					
Provider ID:					
Reviewer Name:					
Member Record ID:					
Member DOB:					
DSM5 diagnoses:					
Reason for MCO Review:					
Date of Review:					
Continuation of Services			Yes	No	N/A
Medical Necessity Question	1	Per MCO review of provider documentation and MCO data, member demonstrates progress toward targeted goals after 6 months.			
Comments:					
Medical Necessity Question	2	Member has current BH treatment needs that require THL Care Coordination services.			
Comments:					
Medical Necessity Question	3	Documentation indicates consistent member interest/engagement related to follow through with suggested recommendations, interventions, actions, or goals.			
Comments:					
	4	There is documented evidence in the record that demonstrates the THL provider conducted appropriate and/or varied efforts to engage the member during the most recent 3-6 months (F2F visits, CM reassignment, utilizing MI/MET strategies, appropriate incentives, enlisting a Peer Specialist).			
Comments:					
	5	Demonstrated progress in closing THL quality medical and behavioral gaps/measures (e.g., comprehensive diabetes, care, child well visits/EPSTD screenings, etc.).			
Comments:					
	6	When a member qualifies for the HEDIS IET measure denominator and does not initiate or engage in HEDIS qualifying treatment, there is record documentation that demonstrates efforts to provide information, education, and referral to appropriate substance use services.			
Comments:					
	7	There is documented evidence in the record that the THL is supporting recovery and resilience through strategies to assist the member with utilizing supports in their natural environment.			
Comments:					

THL Engagement Evaluation: Feedback Process

- All charts are subject to Engagement Evaluation process
- Results from Engagement Evaluation Form will be taken into consideration for further chart review
- For any trends or consistent gaps noted, MCOs will work with Navigant and any other resources to collaborate with providers to close gaps and reverse trends

Next Stage of Reviews: When Will the Next Round of Reviews Begin?

- MCOs will be conducting the next round of reviews in the months of July, August and September.
- The reviews will cover information found in the revised tool (slides 6– 8)
- MCO evaluators will provide feedback either real time during the reviews and/or afterwards with a written summary of evaluation results.

TN Health Link Medical Necessity Criteria Overview

Adults/Children & Adolescents

Development & Implementation

- The TN Health Link (THL) Medical Necessity Criteria that follow are based on the former L2CM guidelines and developed as part of a workgroup collaboration involving the following stakeholders:
 - TennCare
 - TN Department of Mental Health and Substance Abuse Services
 - TennCare Managed Care Organizations (i.e., Amerigroup, BlueCare of Tennessee, United Healthcare Community Plan)
 - Tennessee Association of Mental Health Organizations
 - Community Mental Health Center Providers (Frontier, Helen Ross McNabb Center, Professional Care Services, and Mental Health Cooperative).
- TennCare has approved the THL MNC which were effective as of May 1, 2017.
- Each MCO has posted the new THL MNC on their respective provider websites for provider access.

THL Medical Necessity Criteria

- The THL MNC provides direction and guidance to both providers and MCO reviewers surrounding the application of medical necessity criteria, across all THL providers and MCOs, that are consistent and in accordance with the medical necessity criteria requirements per TennCare Rules, section 1200-13-16-.05.
- THL MNC are divided by Adults vs. Children and Adolescents, with emphasis on the following areas:
 - Program Description
 - Eligibility Criteria
 - Exclusion Criteria
 - Continuation Criteria
 - Discharge Criteria

THL Medical Necessity Criteria

- ▶ Below are the links to the Medical Necessity Criteria for THL:
 - Amerigroup:
 - [Adult](#)
 - [Children and Adolescents](#)
 - BCBS:
 - Adult
 - Children and Adolescents
 - United:
 - [Adult](#)
 - [Children and Adolescents](#)

- ▶ Though the majority of the medical necessity criteria for children/adolescents and adults are very similar, we would like to highlight some of the differences

Eligibility Criteria Differences for Adults

Adults require all of the following:

- Diagnosis of a mental health condition or combination of physical health and mental health conditions that affect the individual's ability to function in the community
- Either is participating in outpatient treatment or there is a reasonable expectation for the individual to participate based on appropriate referral and education
- The individual needs assistance to access the services necessary for recovery

**There are additional differences regarding the individual's functional impairment; the Adult level of care guidelines focus on employment and financial mismanagement whereas the Adolescent focuses on discipline in the education system and encounters with the Department of Children's services.*

*please note there are several other factors related to eligibility not listed here

Eligibility Criteria Differences for Child/Adolescents

Children/Adolescents require a diagnosable mental, behavioral, or emotional disorder as well as **one** of the following:

- Functional impairment that causes/contributes to a substantial disruption in the child or adolescents life and/or environment (definition included in the guidelines)
- Would still meet the functional impairment during the reference year even without the benefit of treatment or other support services
- Either is participating in outpatient treatment or there is a reasonable expectation for the individual to participate based on appropriate referral and education.
- Had at least one involvement with Mobile Crisis in last 6 months

Or any 2 of the following

- Experienced encounter with DCS in last 6 months
- Encounter with disciplinary action with local educational system in last 6 months

*please note there are several other factors related to eligibility not listed here

Continued Service Guidelines

The criteria for exclusion, continuation and discharge are essentially the same with only minor caveats regarding family involvement for adolescents in consent and measurable progress.

➤ Exclusion Criteria:

- For Adults: Long term nursing home stay (more than 90 days)
- Children/Adolescents: THL eligibility is suspended for children with DCS involvement (level 3, 4, and 4+)

➤ Continuation Criteria:

- Children/Adolescents: Progress has not been made and changes/revisions to service plan/care coordination goals have been identified and implemented to support the goals of the individual and family

➤ Discharge Criteria:

- Adults: Long term nursing home stay (more than 90 consecutive days)

*please note there are several other factors related to exclusion criteria not listed here

Questions?

Please enter questions via the chat-function within the webinar

